CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN				
Is This Report an Amendment: Yes	✓ No		CITMOTHTICHIBLINE	
Instructions for completing schedules are on the back	of each schedule.		-6	
COMMITTEE IDENTIFICATION			MAR 2 5 2020	
Friends of Aaron Richardson			RECEIVED	
Street Address 2676 McGaw Rd			OFFICE USE ONLY	
City, State and Zip Code Fitchburg, WI 53711				
Please check if address is different than previously reported, and	complete the Campaign Reg	istration State	ment in the back of this form.	
NAME OF REPORT				
□ January Continuing □ Pre-Primary □ □ July Continuing □ ✓ Pre-Election 202	Spring 1	Fall 🗌 S	Special Termination Report also complete Schedule 4	
SUMMARY OF RECEIPTS AND	Column A	Colun	an D	
DISBURSEMENTS	This Period	Caler	ndar	
1. RECEIPTS		Year-To	o-Date	
1A. Contributions (Including Loans) from Individuals	\$ 1,000.00 /	\$ 1,000.00		
1B. Contributions from Committees (Transfers-In)	\$ O	\$ 00		
1C. Other Income and Commercial Loans	\$ 0	\$ 0		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1,000.00	\$ 1,000.00		
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 1,454.89 /	\$ 1,454.89	<u>√</u>	
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ O		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1,454.89 /	\$ 1,454.89	✓	
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 1,081.07			
Total Receipts	\$ 1,000.00	V		
Subtotal	\$ 2,081.07			
Total Disbursements	_{\$} 1,454.89			
CASH BALANCE END OF REPORT	\$ 626.18			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	0	i i		
LOANS (Balance at the Close of This Period-3B)	\$ O			

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer Aaron Richardson	Signature of Candidate or Treasurer	Aaron Richardson	Date:	3/25/20 608-628-0368
	Email		Daytime Phone:	

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page 0 of 1

Complete Committee Name

Friends of Aaron Richardson

Instructions fo	r completing schedules are on the back of each sc	hedule.		
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
1/7/20	Judy Sauey 8664 Bakken Rd Mt. Horeb, WI 53572		\$500.00	\$500.00
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#	retired		
1/7/20	Dennis Sauey 8664 Bakken Rd Mt. Horeb, WI 53572		\$500.00	\$500.00
	Check if: In-Kind Loan Conduit – Ethics ID#	retired		
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	Check II. [2] III-Kind [2] Edan[2] Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Oncorn. Surrice Score Conduct - Euros ID#			¢1 000
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$	\$1,000
		TOTAL ITEMIZED CONTRIBUTIONS	\$	
	TOTAL ANON	YMOUS CONTRIBUTIONS \$10 OR LESS	\$	0
	TOTAL CONTRIB	UTIONS RECEIVED FROM INDIVIDUALS	\$	\$1,000



RECEIPTS Contributions from Committees (Transfers-In)

Page I of I	Page	1	of 1
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Complete Committee Name	
Friends of Aaron Richardson	

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
	Check if:	
	Check if: In-Kind Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: In-Kind L Loan	
	Check if: [C] In-Kind [D] Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	\$
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	\$



RECEIPTS Other Income and Commercial Loans

Page	of	
1 490	O.	

Complete Committee Name
Friends of Aaron Richardson

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
	of Source of Income		
			0
		SUBTOTAL OTHER INCOME THIS PAGE	\$
		TOTAL ITEMIZED OTHER INCOME	0 \$
		TOTAL ITEMIZED OTHER INCOME	
		TOTAL OTHER INCOME	\$

DISBURSEMENTS Gross Expenditures

Page 1 of 1

Complete Committee Name Friends of Aaron Richardson

Instructions for	completing schedules are on the back of each schedule		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
3/11/20	Thysse Printing 281 W Netherwood St Oregon, WI 53575	Design and printing	\$444.05
	Check if: In-Kind Offset		
2/28/20	Unified Newspaper Group 133 Enterprise Dr Verona, WI 53593 Check if: 🔲 In-Kind Offset	Newspaper ad	\$806.40
1/7/20	Democratic Party of WI 15 N Pinckney St, STE 200 Madison, WI 53703 Check if:	Voter file access	\$204.44
	Check if: [In-Kind Offset		
	Check if:		
	Check if:		
	Check if: ☐ In-Kind Offset		
	Check if: □ In-Kind Offset		
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	1,454.89
		TOTAL ITEMIZED EXPENDITURES	1,454.89
		TOTAL UNITEMIZED EXPENDITURES	0
		TOTAL EXPENDITURES	1,454.89 \$



DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page	of
3	

Complete Committee Name	
Friends of Aaron Richardson	

Instructions for completing schedules are on the back of each schedule,

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	Check if: In-Kind Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check II: [L] In-Kind [L] Loan		
	Check if: 🔲 In-Kind 🖸 Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: 🗓 In-Kind 🔲 Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: In-Kind Loan		
	Check if: 🔲 In-Kind 💆 Loan		
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$	0
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$	0

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page of	:
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Complete Co	ommittee Name		-1				
	f Aaron Richardson						
Instructions	for completing schedules are on the back of each	schedule					
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumul T	ative Payments his Period	Outstanding Balance At Close of This Period	
Date	Full Name, Mailing Address and Zip Code of Creditor						
1 1		Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor						
		Nature of Debt (Purpose)	1				
Date / /	Full Name, Mailing Address and Zip Code of Creditor						
		Nature of Debt (Purpose)			1)		
Date	Full Name, Mailing Address and Zip Code of Creditor						
		Nature of Debt (Purpose)					
Date	Full Name, Mailing Address and Zip Code of Creditor						
/ /		Nature of Debt (Purpose)					
Date	Full Name, Mailing Address and Zip Code of Creditor				-		
/ /	Full Name, Mailing Address and Zip Code of Creditor						
		Nature of Debt (Purpose)	= %-				
Date / /	Full Name, Mailing Address and Zip Code of Creditor						
		Nature of Debt (Purpose)	<u> </u>				
Date / /	Full Name, Mailing Address and Zip Code of Creditor						
		Nature of Debt (Purpose)	ļ_		*		
		SUBTOTAL ITEMIZE	OBLIGATIONS THIS P	AGE	\$ 0		
		TOTAL ITEMIZED OBLIGATIONS		ſ	\$ 0		
		TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS		LESS	\$ 0		
		TOTA	L INCURRED OBLIGATI	ions	\$ 0		



Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page of	f
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Complete Committee Name Friends of Aaron Richardson Instructions for completing schedules are on the back of each schedule. Outstanding Full Name, Mailing Address and Zip Code of Loan Source Cumulative Outstanding Obligations Obligations Payments Beginning of This New Loans This This Period End of This Period Period Period Date List All Endorsers or Guarantors (if any) Full Name, Mailing Address and Zip Code Occupation of Guarantor Amount Guaranteed Outstanding Full Name, Mailing Address and Zip Code Occupation of Guarantor Amount Guaranteed Outstanding Full Name, Mailing Address and Zip Code of Loan Source Outstanding Cumulative Outstanding Obligations Obligations Payments Beginning of This New Loans This This Period End of This Period Period Period Date 1 List All Endorsers or Guarantors (if any) Full Name, Mailing Address and Zip Code Occupation of Guarantor Amount Guaranteed Outstanding Full Name, Mailing Address and Zip Code Occupation of Guarantor Amount Guaranteed Outstanding \$ Outstanding Full Name, Mailing Address and Zip Code of Loan Source Outstanding Cumulative Obligations Obligations Payments Beginning of This New Loans This This Period End of This Period Period Period Date 1 1 List All Endorsers or Guarantors (if any) Full Name, Mailing Address and Zip Code Occupation of Guarantor Amount Guaranteed Outstanding Full Name, Mailing Address and Zip Code Occupation of Guarantor Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE
TOTAL OUTSTANDING LOANS

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